

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

841617

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/	/	/			53						
4		/	/	/			54						
5		/	/	/			55						
6		/	/	/			56						
7	/		/				57						
8		/	/	/			58						
9		/	/	/			59						
10		/	/	/			60						
11		/	/	/			61						
12		/	/	/			62						
13	/		/				63						
14		/	/	/			64						
15		/	/	/			65						
16		/	/	/			66						
17		/	/	/			67						
18		/	/	/			68						
19	/		/				69						
20		/	/	/			70						
21		/	/	/			71						
22		/	/	/			72						
23		/	/	/			73						
24		/	/	/			74						
25	/		/				75						
26	/		/				76						
27	/		/				77						
28	/		/				78						
29	/		/				79						
30		/	/	/			80						
31		/	/	/			81						
32		/	/	/			82						
33	/		/				83						
34		/	/	/			84						
35		/	/	/			85						
36		/	/	/			86						
37	/		/				87						
38		/	/	/			88						
39		/	/	/			89						
40		/	/	/			90						
41	/		/				91						
42		/	/	/			92						
43		/	/	/			93						
44		/	/	/			94						
45		4		4			95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12		12				TOTAL IND.						
TOTAL DEP.	36		32				TOTAL DEP.						
TOTAL CLAIMS	48		44				TOTAL CLAIMS						